Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>3-19-08</u> | Address: | UNION CHAPEL RD. |
|---|---|---|---|
| Case #: | <u>45-48100</u> | | NEAR OLD ST, RD, 135 |
| County: | <u>HARRISON</u> | | CORYDON IN |
| Type of Laboratory Scizure (check one) Operational Lab Chemical/Glassware/Equipment (only) Dumpsite (only) | | Seizure Location (a Residence Outbuilding Vehicle | check all that apply) Hotel/Motel Open – No Structure Other: |
| | ne (Giny) nd: Location (bedroom, kitchen, open ai | _ | |
| (check all that apply) Lithium/Ammonia Reaction(s): | | | |
| Red Phosphorous/Iodine Reaction(s): | | | |
| Flammable Solvents; | | | |
| Water Reactive Metal (Lithium); | | | |
| Anhydrous Ammonia: | | | |
| Hydrochloric Acid Gas Generator(s): | | | |
| Corrosiye Acid: DITCH | | | |
| Corrosive Base: | | | |
| Other (i | tem and location): | | |
| ☐ Yes <u>0</u> ☐ No | er age 18 discovered (check one) (number present) sport to Child Protective Services | Ephedrin | e Information e/Pseudoephedrine Tracking Log erchant Tip P |
| This report is to be faxed to the following agencies that serve the location: | | | |
| Health Dep | ment: HARRISON TWP. artment: HARRISON CO. action Service: HARRISON CO. | Fax: <u>N/A</u> Fax: <u>812-7</u> Fax: <u>812-7</u> | |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: J.L. SMITH Phone 812-246-5424 | | | |

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.